S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			Use separate sch for each category Detailed Summan	of the	FOR LINE NUMBER: PAGE 41 OF 47 (check only one) X 17	
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) Crawford for Congress					
٨.	Full Name (Last, First, Middle Initial) WINFREY & COMPANY Mailing Address 228 S WASHINGTON STREET SUITE B-20 City St ALEXANDRIA VAPURPOSE of Disbursement FINANCE CONSULTING Candidate Name	tate A	Zip Code 22314	Category/ Type	Date of Disbursement M	
		ent For: Primary Other (s	General	туре		
3.	Full Name (Last, First, Middle Initial) SECURITY BANKCARD CENTER, INC. Mailing Address P.O. BOX 22116				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	TULSA COPURED CONTROL CONTROL CONTROL CONTROL CARD PAYMENT Candidate Name Office Sought: House Senate Senate	Primary	General	Category/ Type	Amount of Each Disbursement this Period 4836.08 Transaction ID: SB17.I1434 SEE BELOW	
	State: District: Full Name (Last, First, Middle Initial) CMDI	Other (s	респу		Date of Disbursement	
	failing Address 7704 LEESBURG PIKE				03 / D D / Y Y Y Y Y O D D / 2015	
	City State Zip Code FALLS CHURCH VA 22043 Purpose of Disbursement SOFTWARE Candidate Name Office Sought: House Senate President President Other (specify)			Category/ Type	Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.I1443 [MEMO ITEM]	
State: District:						
SI	SUBTOTAL of Disbursements This Page (optional)					

TOTAL This Period (last page this line number only).....